

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>1,827,941.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,827,941.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>35,288,217.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>6,921.54</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>6,921.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>101,805.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

AMADOR COUNTY TREASURER  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>71,778.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>71,778.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,060,894.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>297,216.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>297,216.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,130,629.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	48,745.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	48,745.10
YTD Amount:	\$	837,497.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>31,486.23</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>31,486.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>592,801.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>932,293.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>932,293.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>17,946,857.84</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>52,365.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>52,365.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>853,290.35</b>



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PAYMENT ISSUE DATE: 6/27/2014

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>157,146.41</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>157,146.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,840,027.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>1,152,456.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,152,456.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>22,016,612.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>46,821.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>46,821.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>783,759.10</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
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**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>207,919.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>207,919.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,277,305.10</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>251,770.78</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>251,770.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,676,393.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>60,967.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>60,967.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,038,902.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>783,021.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>783,021.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,981,905.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>159,534.78</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>159,534.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,668,405.60</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>91,254.39</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>91,254.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,383,739.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>67,050.83</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>67,050.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,017,046.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>14,593,409.62</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>14,593,409.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>282,257,965.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>150,399.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>150,399.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,555,267.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>253,703.62</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>253,703.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,087,924.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>29,447.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>29,447.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>478,508.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>115,146.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>115,146.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,833,899.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>268,917.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>268,917.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,029,665.36</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>33,583.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>33,583.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>538,477.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>75,456.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>75,456.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,026,711.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>377,258.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>377,258.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,269,336.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>126,457.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>126,457.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,335,634.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>88,766.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>88,766.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,563,936.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>2,649,948.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,649,948.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>48,832,257.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>166,116.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>166,116.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,131,860.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>26,810.45</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,810.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>554,542.70</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>1,474,513.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,474,513.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>28,067,247.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>1,533,100.50</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,533,100.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>29,105,719.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>56,153.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,153.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>975,187.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>1,692,850.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,692,850.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>31,564,614.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>3,048,441.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,048,441.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>54,854,307.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>2,783,515.24</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,783,515.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>53,834,199.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>659,315.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>659,315.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,375,365.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA

93406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>211,521.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>211,521.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,064,102.69</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>649,625.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>649,625.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,519,449.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA

93102

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>388,690.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>388,690.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,483,071.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>1,566,933.04</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,566,933.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,134,740.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>261,678.40</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>261,678.40</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,061,292.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>232,775.24</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>232,775.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,170,238.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA

95936 0376

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>13,021.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>13,021.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>196,990.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>76,028.32</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>76,028.32</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,291,943.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>405,589.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>405,589.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,675,548.60</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>449,611.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>449,611.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,777,361.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>524,023.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>524,023.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,975,729.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>121,697.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>121,697.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,269,731.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>92,230.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>92,230.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,630,148.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>57,250.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>57,250.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>872,841.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>479,509.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>479,509.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,974,174.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>73,391.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>73,391.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,283,851.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>611,287.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>611,287.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,723,701.54</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>168,708.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>168,708.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,229,483.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>110,767.62</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>110,767.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,943,948.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>75,539.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>75,539.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,170,880.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A  
PAYMENT ISSUE DATE: 6/27/2014

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA

90802

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>342,732.74</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>342,732.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,312,570.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 5/16/2014 TO: 6/15/2014

**Total amount collected:** \$43,477,477.77

**Gross monthly apportionment:** \$43,477,477.77

<b>Gross Claim</b>	<b>\$</b>	<b>114,860.43</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>114,860.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,780,982.14</b>